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APPLICANTS

Gerald C. Borsand, Bloomfield Hills, MI; *RDR 12/17/05*

Sue Ann Syoen, Beverly Hills, MI;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MI	SHEETS DRAWING 14	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 3
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Verified and Acknowledged \_\_\_\_\_  
 Examiner's Signature \_\_\_\_\_ Initials \_\_\_\_\_

ADDRESS  
 10291  
 RADER, FISHMAN & GRAUER PLLC  
 39533 WOODWARD AVENUE  
 SUITE 140  
 BLOOMFIELD HILLS , MI  
 48304-0610

TITLE  
 Pharmaceutical information tracking system

FILING FEE  RECEIVED 992	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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